Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I									SMALL	ENTITY		OTHER	THAN
500			(Column 1)			(Column 2)		1 _	TYPE		OR	SMALL	ENTITY
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE
BASIC FEE				,						345.00	OR		690.00
TOTAL CLAIMS			9	minus	20=	*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS				minus	3 =	•			X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR	TOTAL	C041
	С	S AS A	MENDE				2	OTHER	THAN				
(Column 1) (Column 2) (Column 3)							-	SMALL	ENTITY	OR	SMALL		
AMENDMENT A		REM Al	AIMS IAINING FTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*		Minus	***		=		X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=		OR	+260=	
								L	TOTAL			TOTAL	L
								A	DDIT. FEE	<u></u>	OR	ADDIT. FEE	L
<u> </u>			umn 1) -AIMS	Τ'		Column 2) HIGHEST	(Column 3)] [C	a 6		·
AMENDMENT B		REM A	IAINING FTER NDMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	<u> -</u>		Minus	***		=		X39=		OR	X78=	
	FIRST PRESE	NTATIO	ON OF MU	JLTIPLE DE	PEND	ENT CLAIM	·	·	+130=			+260=	
								Ĺ	TOTAL		OR	TOTAL	
							,	A	DDIT. FEE	<u> </u>	OR	ADDIT. FEE	
			umn 1)			olumn 2)	(Column 3)	1					
AMENDMENT C		REM A	AIMS IAINING FTER NDMENT	1	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***		=		X39=			X78=	
4	FIRST PRESE	NTATIO	ON OF MU	JLTIPLE DE	PEND	ENT CLAIM		│			OR		
	If the entry in colu	mn 1 ic l	lace than th	na antry in act	ume 2	write "O" in co	lumn 3		+130=		OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3" ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"													
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER:					
		Total Fee	Calculation	ı		
	Fee Code	Total # Claims	Number Extra X	Fce	Fec :	- Total
· r	Sm./Lg.			Sm. Entity	Lg. Entity	1
Basic Filing Fee	201/101	0				. 696
Tótal Claims >20	203/103	-20 -	x			
Independent Claims >3	202/102		x			
Mult. Dep Claim Present	204/104					
Surcharge	205/105					130
English Translation	139					
TOTAL FEE CALCULA	ATION					820
Fees due upon filing t	he application:					
Total Filing Fees Due	= 5	82	<u>O</u>			
Less Filing Fees Subm	uitted - \$		7			
BALANCE DUE	= \$	82	<u>U</u>			
She	AL					
Office of Initial Patent	Examination					

Figure 7